

Name  
in  
Full

*Aunty Barker*

CERTIFICATE OF DEATH

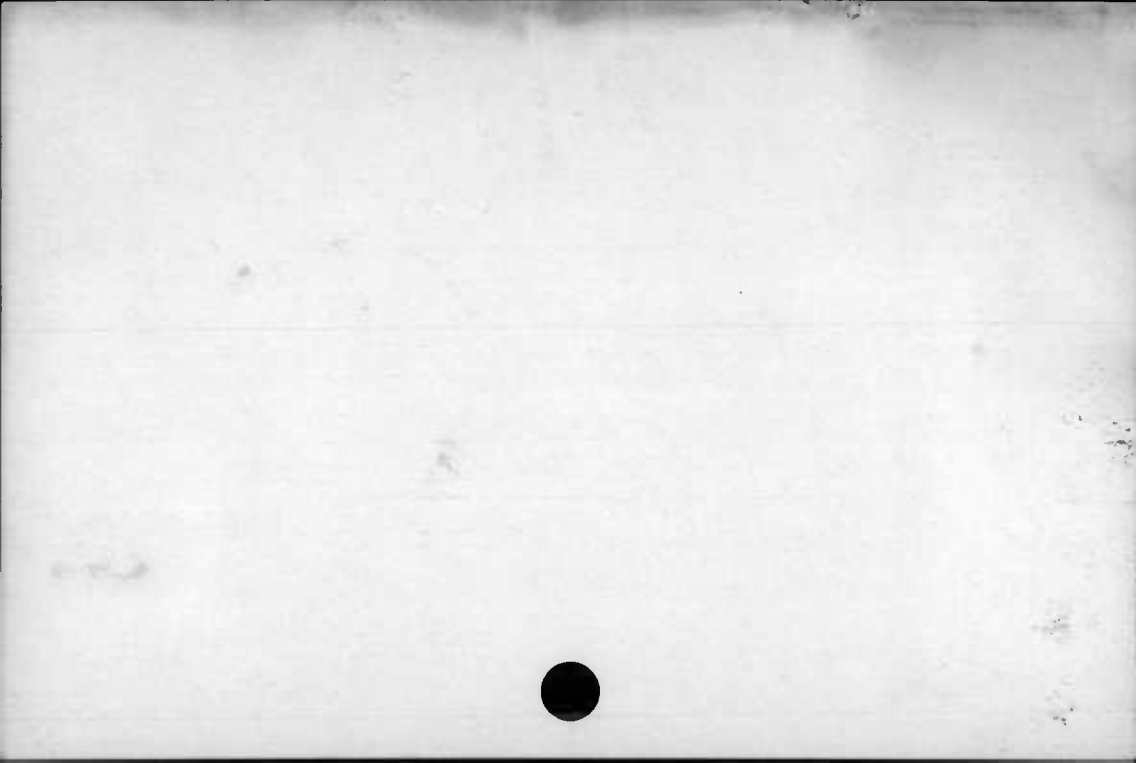
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wicomico</i>		County <i>Chase</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Dec</i>	Day <i>16</i>	Age <i>35</i>	Months <i>8</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>St Mary's Co Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Washington Gates</i>					
Father's Name <i>Joseph Barker</i>			Father's Birthplace <i>St Mary's Co</i>		
Mother's Maiden Name <i>Eliza Barker</i>			Mother's Birthplace <i>St Mary's Co Md</i>		
Name of person giving information <i>Washington Gates</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Ureamic Poisoning</i>	How long <i>Three or four days</i>
Immediate <i>Convulsions</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. L. Cecil</i>
<i>according to information given me</i>	Address <i>Wicomico Md</i>
Accident or Suicide?	



Name  
in  
Full

Thomas Wilson Burch

## CERTIFICATE OF DEATH

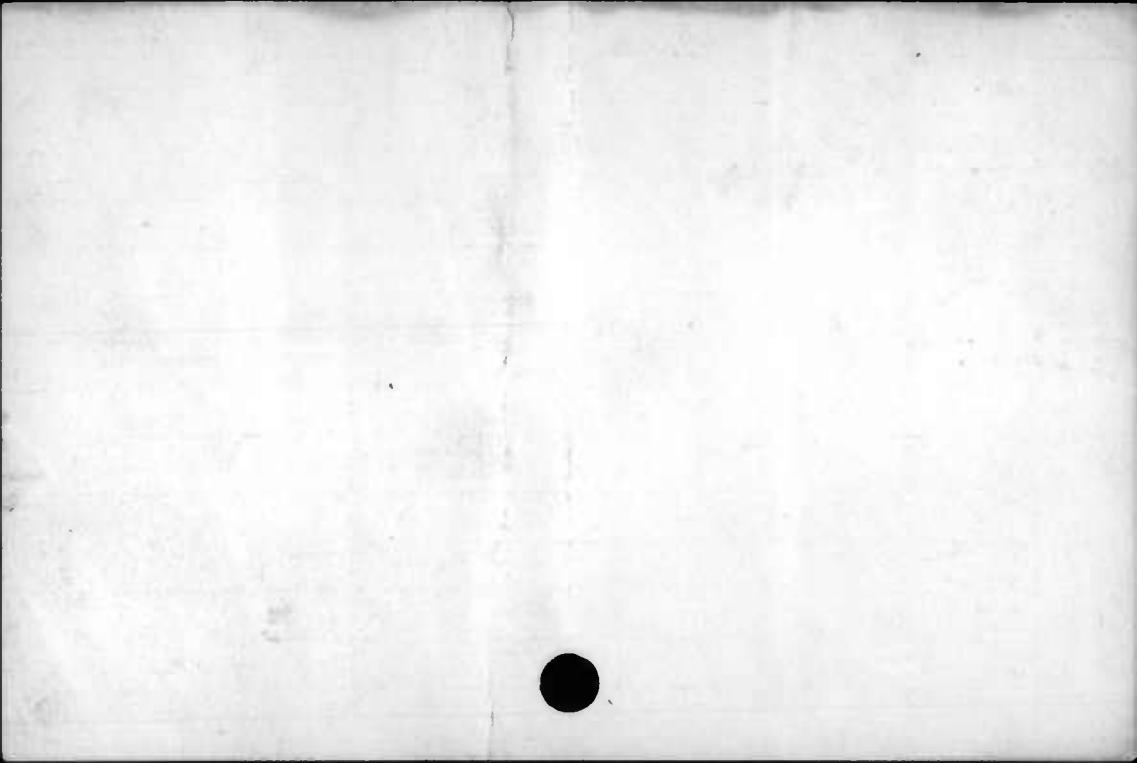
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hughesville</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1905 Dec 21</i>		Month <i>Dec</i>		Day <i>21</i>		Age <i>5 months</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>—</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i> Jas. W. Burch</i>				Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Elena Bannick</i>				Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Jas. W. Burch</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. B. Bannick md.</i>
	Address <i>Bryantown, md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

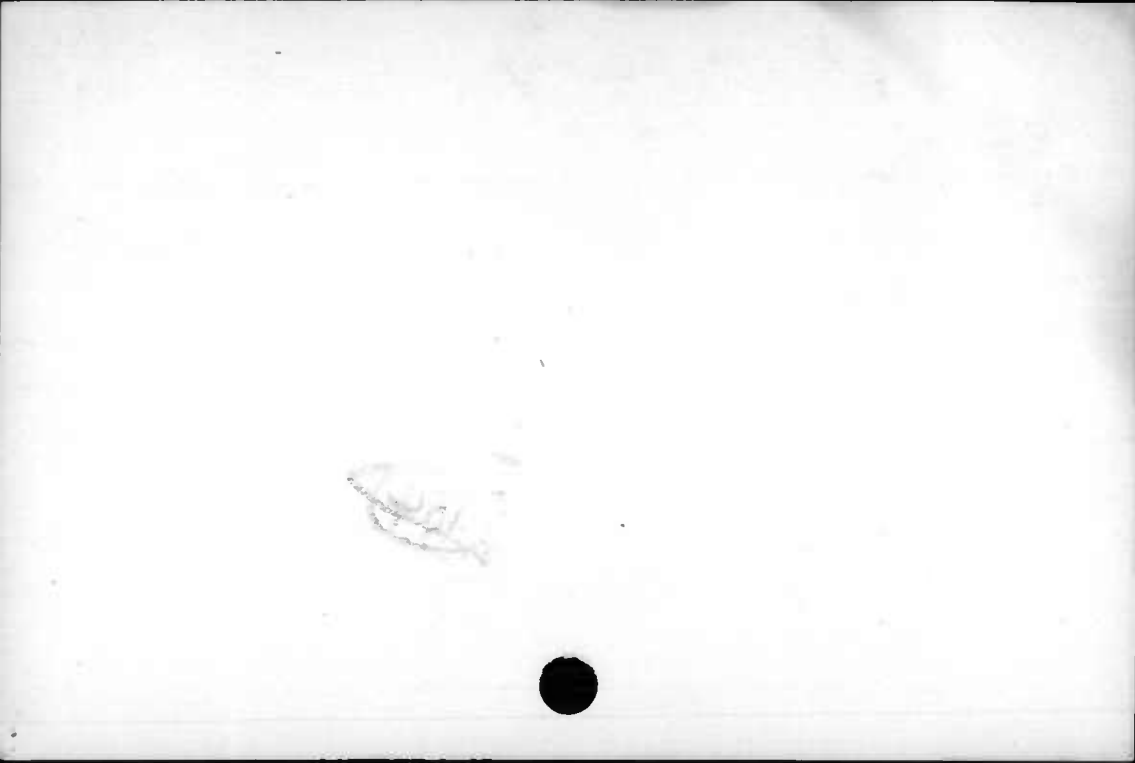
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Francis Drinks</i>		Town <i>Popes Creek</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Popes Creek</i>		Month <i>Dec.</i>		Day <i>9<sup>th</sup></i>		Age <i>51<sup>1/2</sup></i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>White American</i>		Birth-place <i>Charles Co.</i>	
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Edward Paul Drinks</i>				Father's Birthplace <i>Baltimore M.d</i>			
Mother's Maiden Name <i>Susie A. Crow</i>				Mother's Birthplace <i>Essex Co. V. A</i>			
Name of person giving information <i>Edward Paul Drinks</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

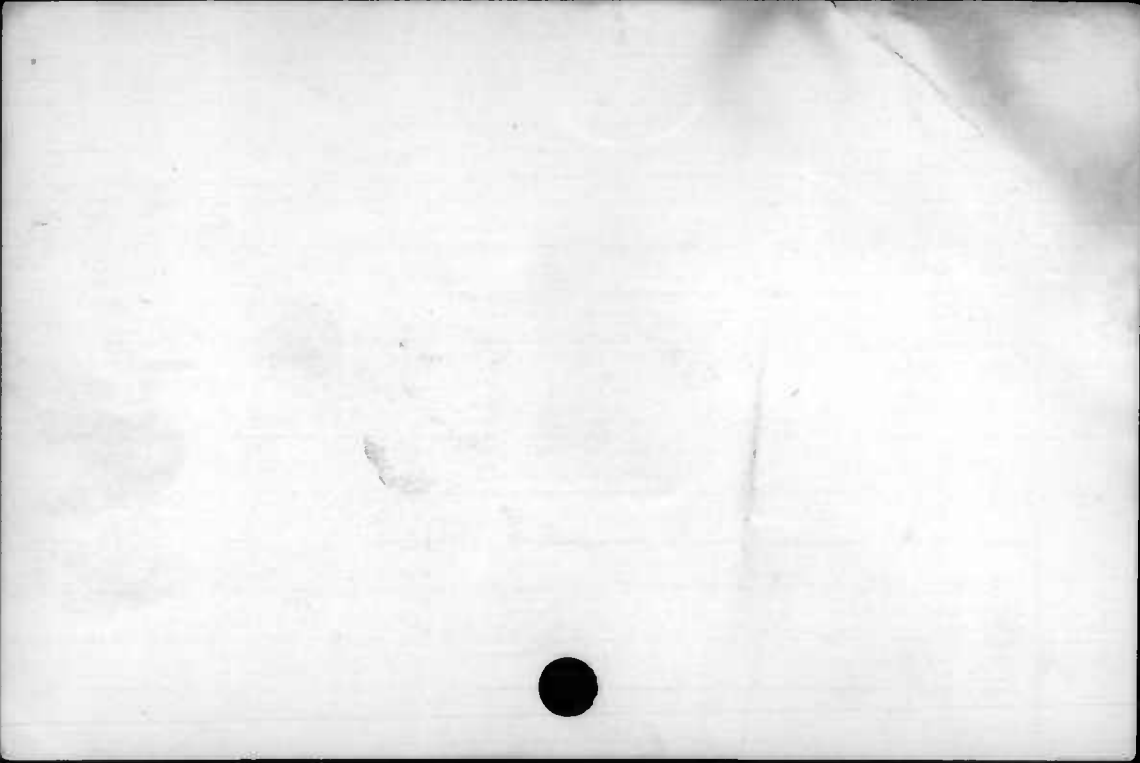
Primary <i>Don't know</i>		How long _____	
Immediate _____		How long _____	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Peter W. Roby J. Peace or Coroner</i>	
		Address <i>Bethesda</i>	
Accident or Suicide?		<i>M.d</i>	



Name in Full <b>Anna Olivia Floyd</b>		CERTIFICATE OF DEATH	
Died at <b>Port Tobacco</b> <b>Charles</b> County		MARYLAND	
Date of death <b>1905</b> Month <b>12</b> Day <b>8</b> Age <b>79</b> Years Months <b>6</b> Days			
Sex <b>Female</b> Color or Race <b>White</b> Birth-place <b>md</b>			
Occupation <b>None</b> Where Residing if not at place of death			
Married, Single or Widowed <b>Single</b> Name of Wife or Husband			
Father's Name <b>David Floyd</b> Father's Birthplace <b>md</b>			
Mother's Maiden Name <b>Sarah Dennis</b> Mother's Birthplace <b>md</b>			
Name of person giving information <b>Mrs Clarence Foster</b> How related to deceased <b>Friend</b>			
CAUSES OF DEATH			
Primary <b>Senility -</b> How long <b>One week</b>			
Immediate <b>Adema of lungs, Aschemia, Cordiac failure</b> How long <b>48 hours</b>			
Are the name, age, sex, color, etc and place correctly given above?	Signature of Physician <b>J. B. L. Harmon md</b>		
<b>Yes</b>	Address <b>La Plata md</b>		
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

William H. Jenkins

## CERTIFICATE OF DEATH

Town

County

Died at

Ripley

Charles

MARYLAND

Date

of death 1905

Month

12.

Day

9

Age

Years

76

Months

Days

Sex

m

Color or  
Race

C

Birth-  
place

md

Occupation

Carpenter

Where Residing if not  
at place of deathMarried, Single  
or Widowed

m

Name of Wife or  
Husband

Mary Jenkins

Father's  
Name

Geo Jenkins

Father's  
Birthplace

md

Mother's  
Maiden Name

not known

Mother's  
Birthplace

md

Name of person giving  
Information

R. H. Jenkins

How related  
to deceased

son

## CAUSES OF DEATH

Primary

Senility, Pulmonary Edema

How long

2 months

Immediate

Heart failure

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

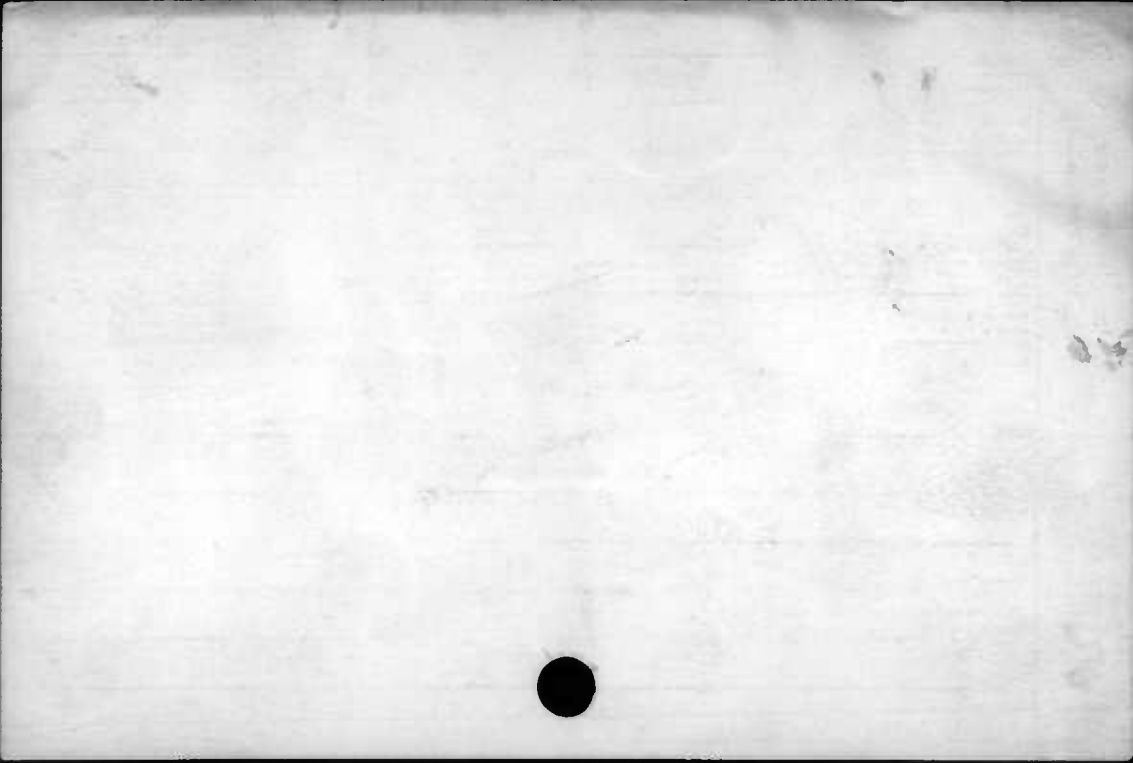
Paul L. Hanson

Address

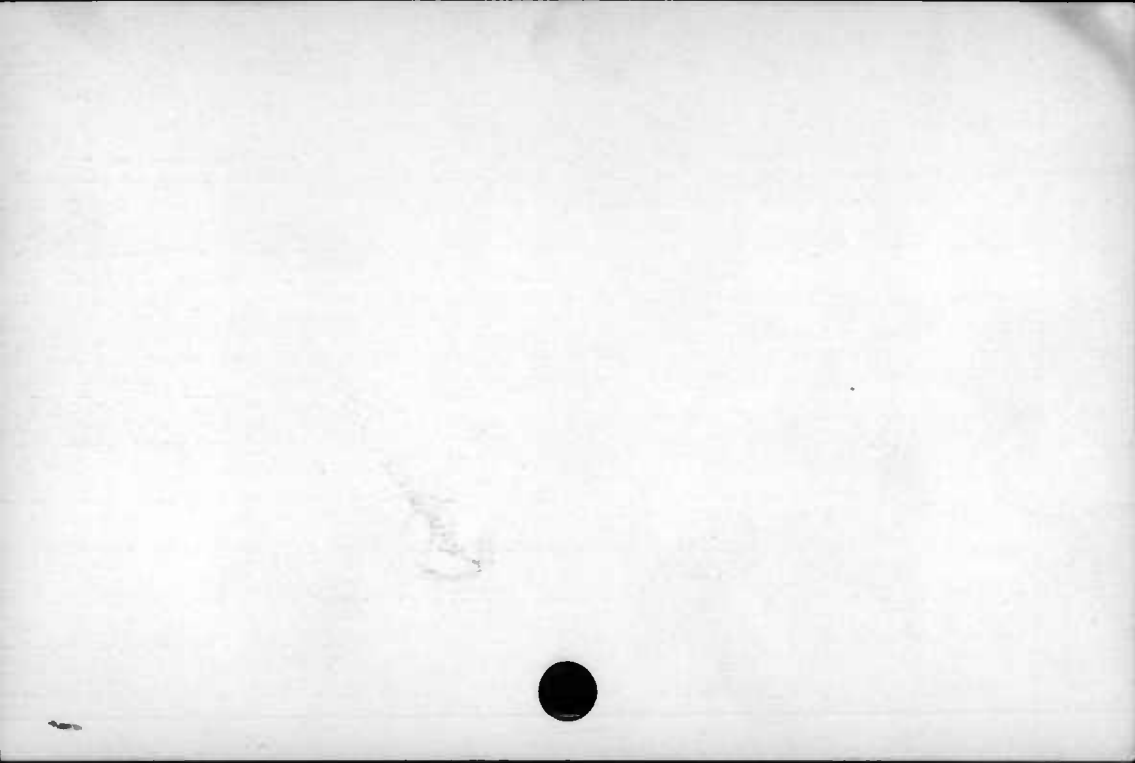
La Plata md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Robert Johnson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Chickamuxen		Charles		MARYLAND	
	Date of death 1905		Month Dec		Day 30		Age 80	
	Sex Male		Color or Race Black		Birth-place Chas. Co. Md.		Months	
	Married, Single or Widowed		Married		Occupation		Days	
	Name of Wife or Husband		Ann Johnson					
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
	Name of person giving information		John Jennifer		How related to deceased		None	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Senile debility and age				How long three months	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician S. H. Speake M.D.			
	Accident or Suicide?				Address Grayton Md.			



Name  
in  
Full

## CERTIFICATE OF DEATH

Mary Edith Kelly

Town

County

MARYLAND

Died at

Bel allin

Charles

Date

of death

1905

Month

Dec.

Day

30

Age

Years

Months

Days

16

Sex

Female

Color or  
Race

Colored African

Birth-  
place

Charles Co.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Hansen Kelly

Father's  
Birthplace

Charles Co.

Mother's  
Maiden Name

Mary Della Hawkins

Mother's  
Birthplace

Charles Co.

Name of person giving  
Information

Hansen Kelly

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Croup

How long

15 days

Immediate

Cardiac Failure

How long

1 "

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Peter W. Roby I. House or Sub-Roy

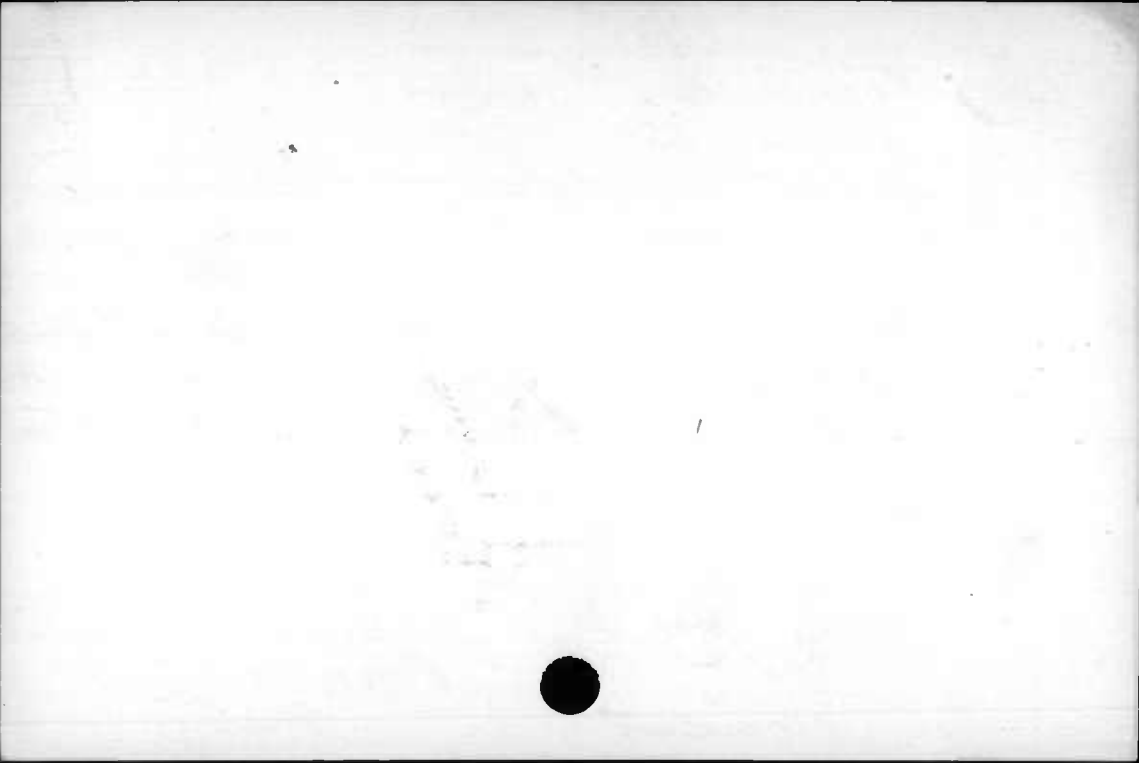
Address

Bel allin

Accident or Suicide?

M.D.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Eliza Jane Miltstead

## CERTIFICATE OF DEATH

Town

County

Died at

Chicommex

Ches

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

Dec

25-

Age

35-

Sex

Female

Color or  
Race

white

Birth-  
place

Ches. Co Md.

Occupation

Housewife

Where Residing if not  
at place of death

at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

B. J. Miltstead

Father's  
Name

Alexander Piesier

Father's  
Birthplace

Ches Co Md

Mother's  
Maiden Name

Eliza Stearns

Mother's  
Birthplace

" " "

Name of person giving  
In formation

Edmund Piesier

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Burn

How long

13 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

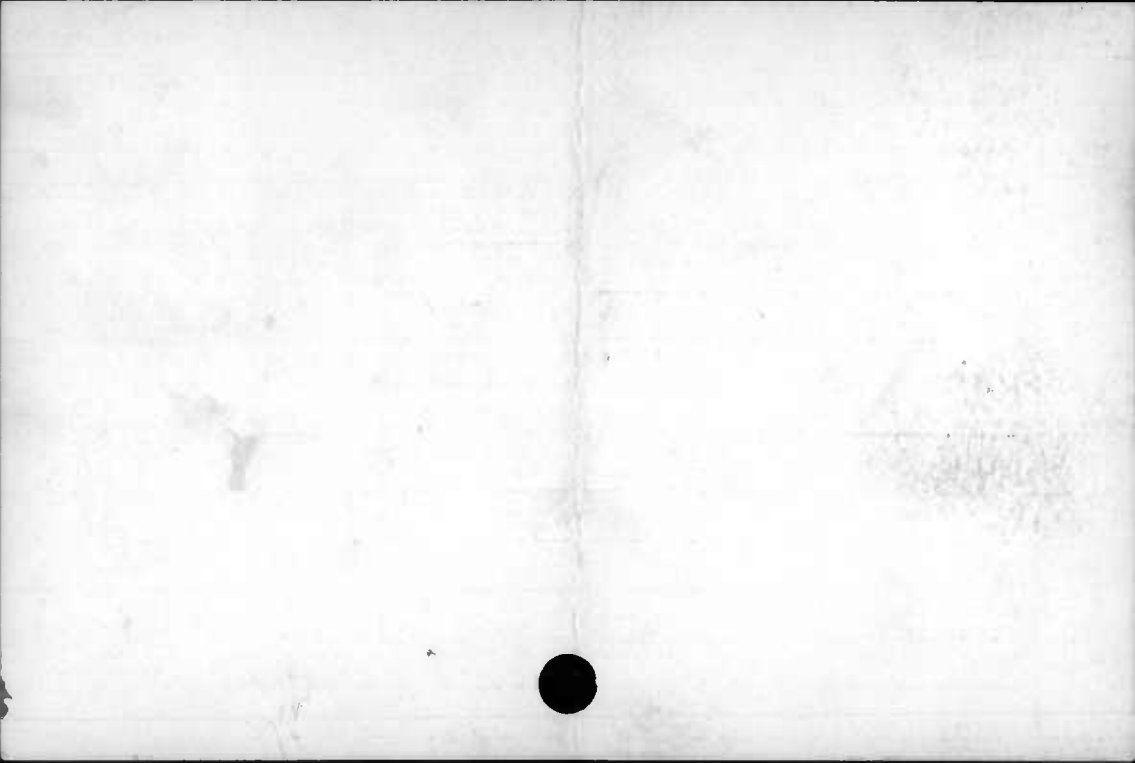
Address

J. W. Mitchell M.D.  
Pompton  
Md

Accident or Suicide?

Accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Infant-Child of Geo Mustead

## MARYLAND

Town  
Chickamoon

County  
Charles

of death 190 0-

A Month

Day

Age

Years

Months

Days

Sex

male

Color or Race

Black

Birth-  
place

Charles O. ...

Married, Single  
or Widowed

Occupation

Name of Wife or Husband

Father's  
Name

George Milstead,

Father's Birthplace

Charles & me

Mother's  
Maiden Name

Rosa Wallae

Mother's Birthplace

4 1 1 1

Name of person giving  
In formation

George Milstead

How related  
to deceased

Farther

### CAUSES OF DEATH

### Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician \_\_\_\_\_

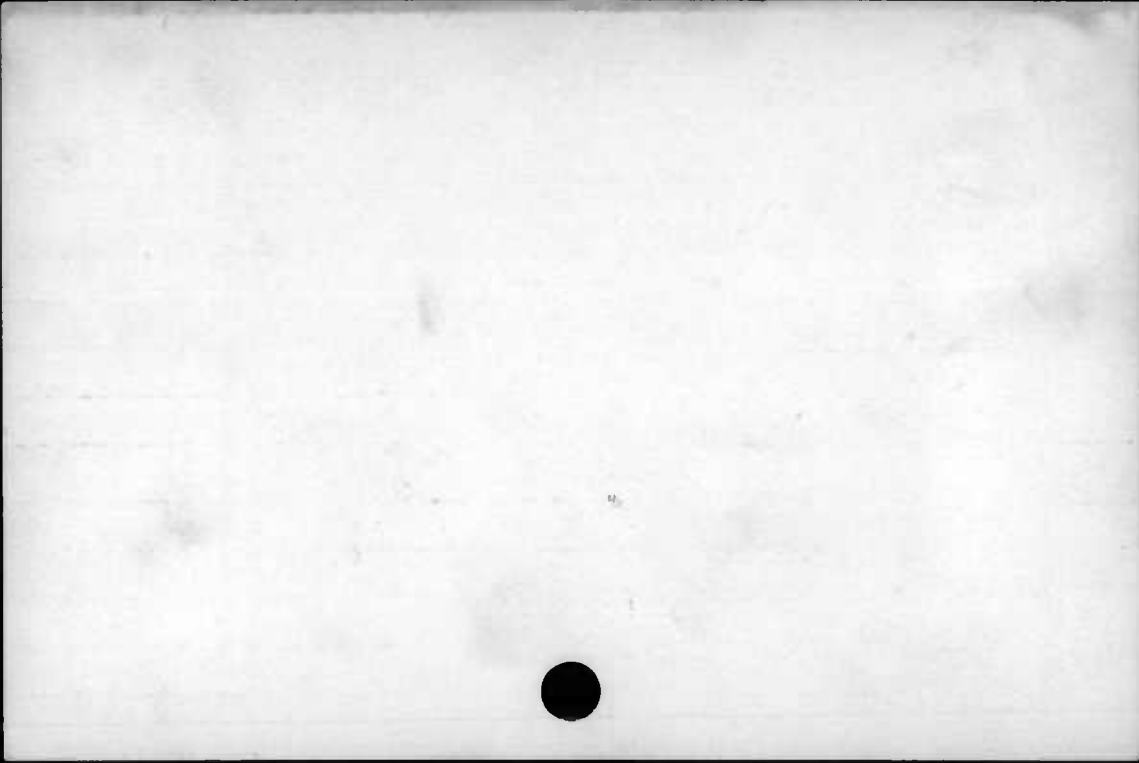
Address

Maximilien Clements  
Sub Regt

## Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

James Morris Neuman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Bel Air</i>		County <i>Charles</i>		MARYLAND	
Date of death	1905	Month <i>Dec</i>	Day <i>16</i>	Age <i>1</i>	Years <i>1</i>	Months <i>7</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>Mixed</i>		Birth-place <i>Charles Co</i>				
Occupation _____			Where Residing if not at place of death _____				
Married, Single or Widowed _____			Name of Wife or Husband _____				
Father's Name <i>John B. Neuman</i>			Father's Birthplace <i>Harrison DC</i>				
Mother's Maiden Name <i>Sarah Durr</i>			Mother's Birthplace <i>Chas. Co</i>				
Name of person giving information <i>John B. Neuman</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

Primary	<i>cardiac dilatation</i>	How long	<i>3 months</i>
Immediate	<i>cardiac failure</i>	How long	<i>2 days</i>

Are the name, age, sex, color, date and place correctly given above?

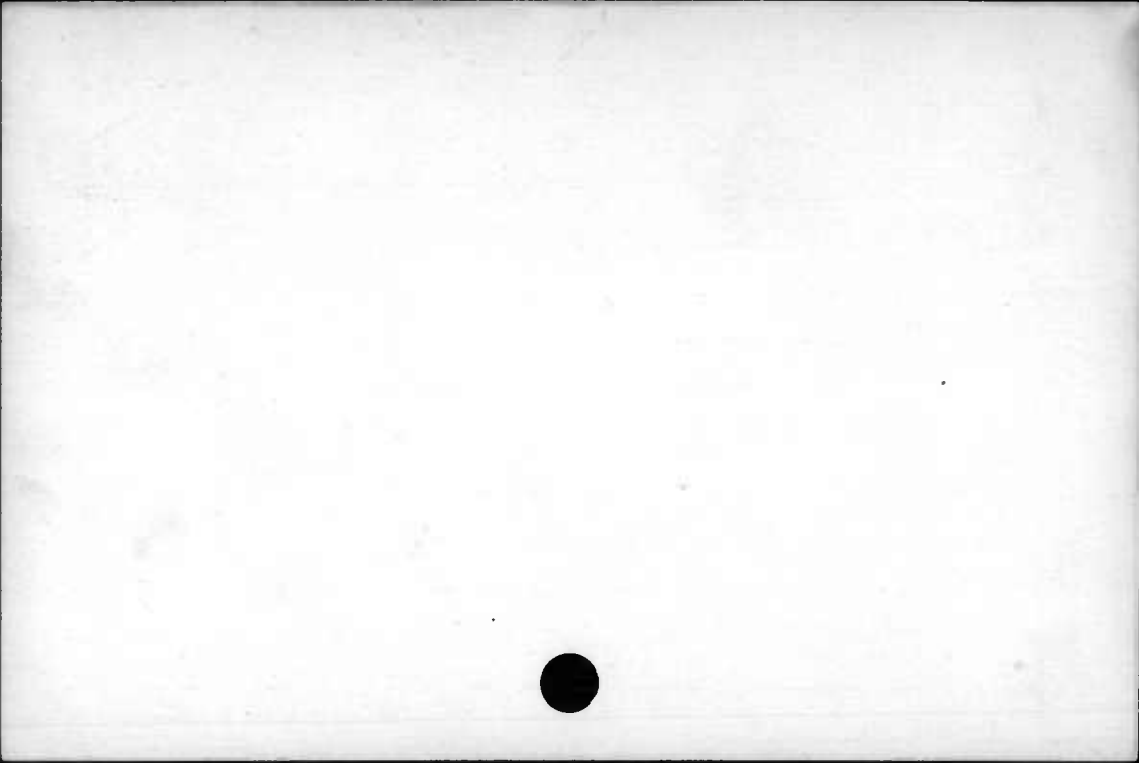
*yes*

Signature of Physician

Address

*E. J. Neuman*  
*Bel Air*  
*MD*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

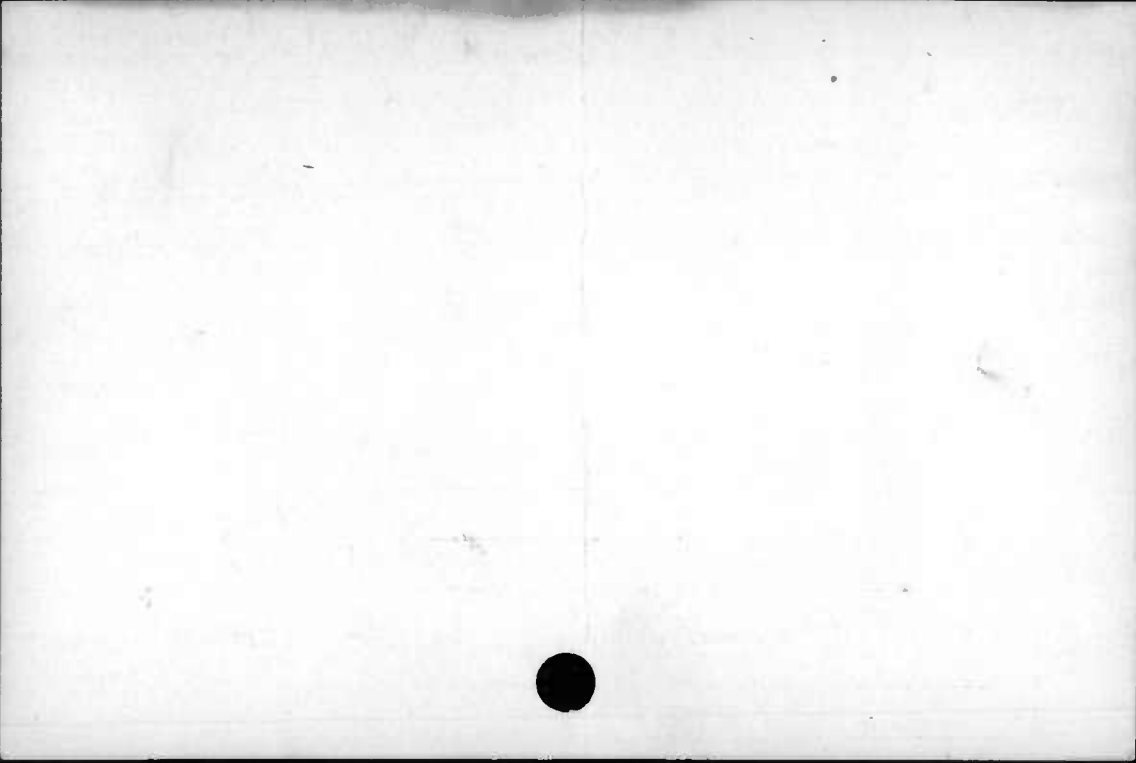
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	190	Month	2	Day	8	Age	6
Sex		Color or Race		Birth-place		Months	
Occupation		Where Residing if not at place of death		Days			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		How related to deceased			
Name of person giving information							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

Julia Stone

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

New Town

Charles

Date

Month

Day

Years

Months

Days

of death

1905

Dec.

31

Age

80

Sex

Female

Color or  
Race

Colored African

Birth-  
place

Charles Co.

Occupation

House Work

Where Residing, not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Henry Stone

Father's  
Name

Carr Dorsey

Father's  
Birthplace

Charles Co.

Mother's  
Maiden Name

Don't know

Mother's  
BirthplaceName of person giving  
Information

Basil Stone

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

General Debility

How long

12 mo<sup>r</sup>

Immediate

Heart Failure

How long

2 Days

Are the name, age, sex, color, date  
and place correctly given above?

yes

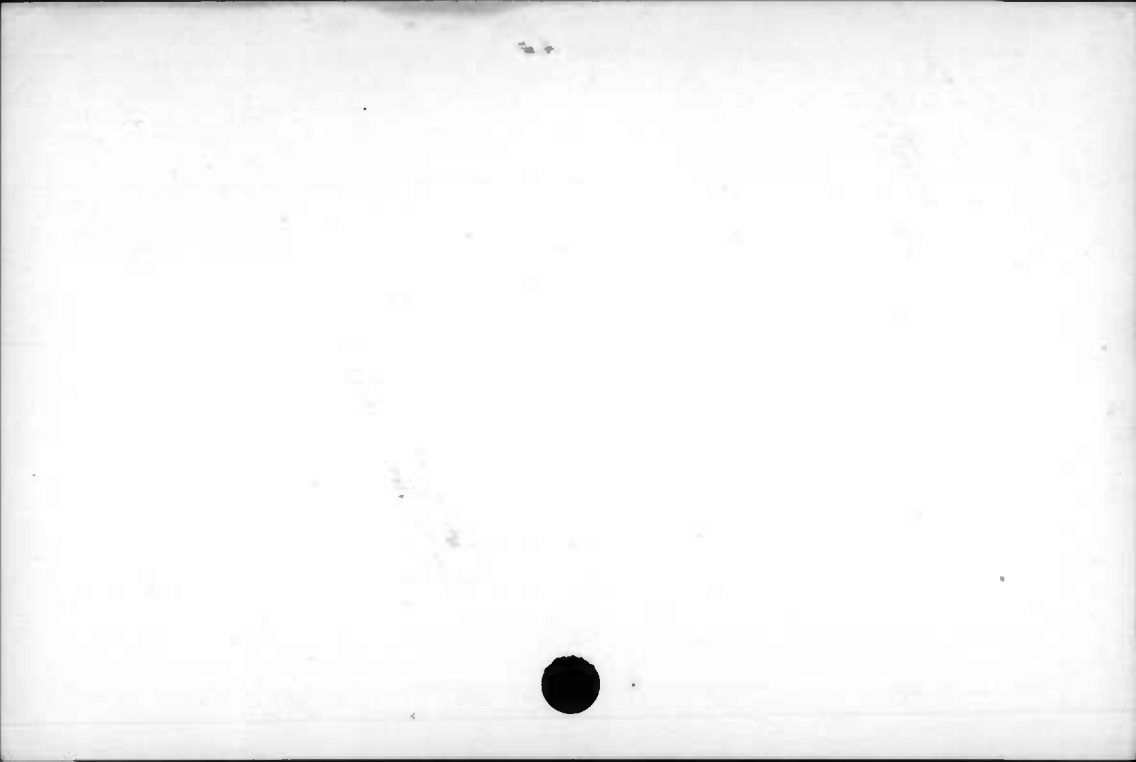
Signature of  
Physician

Address

Peter W. Roby, L. Phys. or  
Sub-Inspector  
Bel. Callon M. d.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Benj. E. Stonestreet

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>La Plata</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>10<sup>th</sup></i>	Years <i>74</i>	Months <i>6</i>	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Charles Co</i>	
Occupation <i>State Lawyer Farmer</i>		Where Residing if not at place of death <i>La Plata</i>			
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Mary</i>			
Father's Name <i>Col. Nicholas Stonestreet</i>		Father's Birthplace <i>Charles Co</i>			
Mother's Maiden Name <i>Anne E Harris</i>		Mother's Birthplace <i>Charles Co</i>			
Name of person giving information <i>Henry G. Robertson</i>		How related to deceased <i>none</i>			

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Wm Joseph Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>M. Leonchue</i> Town		County <i>Ch</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>12</i>	Day <i>15</i>	Age <i>3</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ch. Ab. - M. &amp;</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>none</i>					
Father's Name <i>Lancy Warren</i>			Father's Birthplace <i>Ch. Ab. - M. &amp;</i>		
Mother's Maiden Name <i>Louisa Lee</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Lancy Warren</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>none</i>	
		Address	
Accident or Suicide?		<i>W. F. Brawner</i>	

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W. F. Lawrence  
June 1897